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Bib Data Sheet

CONFIRMATION NO. 7183

<b>SERIAL NUMBER</b> 10/728,003	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> 118E-0142CIP
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**APPLICANTS**

Trevor P. Ashline, Mooresville, NC;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/660,230 09/09/2003  
 which claims benefit of 60/409,085 09/09/2002  
 and is a CIP of 10/335,341 12/31/2002 PAT 6,871,360  
 and is a CIP of 29/161,634 05/31/2002  
 and said 10/335,341 12/31/2002  
 is a CIP of 09/993,839 11/16/2001 PAT 6,499,149  
 and said 29/161,634 05/31/2002  
 is a CIP of 09/837,215 04/19/2001 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 03/04/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

53587

**TITLE**

HEAD RESTRAINT DEVICE WITH RIGID MEMBER FOR USE WITH A HIGH-PERFORMANCE VEHICLE

<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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